KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
**Form must be Typed**
**Form must be completed on a per well basis**

# ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

***Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.***

OPERATOR: License # 34503
Name: Sam W. Mays Jr. LLC dba MAYS OIL LLC
Address 1: PO BOX 391
Address 2:
City: EUREKA State: KS Zip: 67045 + 0391
Contact Person: SAM MAYS
Phone: ( 918 ) 698-4580
Lease Name: PETERS
Well Number: 1A

API No.: 15-135-23848-00-01
Permit No: D28537.0
Reporting Year: 2018
*(January 1 to December 31)*

____ - ____ - SW - NW Sec. 21 Twp. 18 S. R. 24 ☐ E ☑ W
*(Q/Q/Q/Q)*
3300 feet from ☐ N / ☑ S Line of Section
4570 feet from ☑ E / ☐ W Line of Section
County: Ness

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: ____ mg/l Specific Gravity: ____ Additives: ____
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 0 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1200 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: ____ *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 0 | 0 | 0 | 0 | 0 |
| February | 0 | 0 | 0 | 0 | 0 |
| March | 0 | 0 | 0 | 0 | 0 |
| April | 0 | 0 | 0 | 0 | 0 |
| May | 100 | 0 | 0 | 0 | 31 |
| June | 100 | 0 | 0 | 0 | 30 |
| July | 100 | 0 | 0 | 0 | 31 |
| August | 100 | 0 | 0 | 0 | 31 |
| September | 100 | 0 | 0 | 0 | 30 |
| October | 0 | 0 | 0 | 0 | 0 |
| November | 0 | 0 | 0 | 0 | 0 |
| December | 0 | 0 | 0 | 0 | 0 |
| ***TOTAL*** | 500 | | 0 | | |

Submitted Electronically